County: Raci ne RACI NE RESI DENTI AL CARE 1719 WASHI NGTON AVENUE RACINE 53403 Phone: (262) 633-6348
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 51
Total Licensed Bed Capacity (12/31/00): 51
Number of Residents on 12/31/00: 51 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on FDD's No No Average Daily Census: **50** 

| Services Provided to Non-Residents                |          | Age, Sex, and Primary Diagn  | osis of | Residents (12/31 | /00)   | Length of Stay (12/31/00)    | %                                  |
|---|----------|------------------------------|---------|------------------|--------|------------------------------|------------------------------------|
| Home Health Care<br>Supp. Home Care-Personal Care | No<br>No | Primary Diagnosis            | %<br>   | Age Groups       | %<br>  | Less Than 1 Year 1 - 4 Years | 5. 9<br>9. 8                       |
| Supp. Home Care-Household Services                | No       | Developmental Disabilities   | 100.0   | Under 65         | 74. 5  | More Than 4 Years            | 84. 3                              |
| Day Servi ces                                     | No       | Mental Illness (Org./Psy)    | 0. 0    | 65 - 74          | 17. 6  |                              |                                    |
| Respite Care                                      | No       | Mental Illness (Other)       | 0. 0    | 75 - 84          | 7. 8   |                              | 100.0                              |
| Adult Day Care                                    | No       | Alcohol & Other Drug Abuse   | 0.0     | 85 - 94          | 0. 0   | ****************             | ******                             |
| Adult Day Health Care                             | No       | Para-, Quadra-, Hemi plegi c | 0.0     | 95 & 0ver        | 0. 0   | Full-Time Equivaler          | nt                                 |
| Congregate Meals                                  | No       | Cancer                       | 0.0     |                  |        | Nursing Staff per 100 Re     | esi dents                          |
| Home Delivered Meals                              | No       | Fractures                    | 0.0     |                  | 100.0  | (12/31/00)                   |                                    |
| Other Meals                                       | No       | Cardi ovascul ar             | 0. 0    | 65 & 0ver        | 25. 5  |                              |                                    |
| Transportati on                                   | No       | Cerebrovascul ar             | 0. 0    |                  |        | RNs                          | 4. 4                               |
| Referral Service                                  | No       | Di abetes                    | 0.0     | Sex              | %      | LPNs                         | 7. 7                               |
| Other Services                                    | No       | Respi ratory                 | 0. 0    |                  |        | Nursing Assistants           |                                    |
| Provi de Day Programming for                      |          | Other Medical Conditions     | 0.0     | Male             | 62. 7  | Aides & Orderlies            | 38. 9                              |
| Mentally Ill                                      | No       |                              |         | Female           | 37. 3  |                              |                                    |
| Provi de Day Programming for                      |          |                              | 100. 0  |                  |        |                              |                                    |
| Developmentally Disabled                          | Yes      |                              |         |                  | 100. 0 |                              | la ala ala ala ala ala ala ala ala |

## Method of Reimbursement

|                     |     | Medica<br>(Title |                    |      | Medica<br>Title |                    |     | 0th  | er                 | P  | ri vate | Pay                | ]   | Manageo | d Care             |       | Percent    |
|---------------------|-----|------------------|--------------------|------|-----------------|--------------------|-----|------|--------------------|----|---------|--------------------|-----|---------|--------------------|-------|------------|
|                     |     |                  | Per Dien           | 1    |                 | Per Di ei          | m   |      | Per Dien           | n  |         | Per Dien           | 1   | Ŭ l     | Per Diem           | Total | Of All     |
| Level of Care       | No. | %                | Rate               | No.  | %               | Rate               | No. | %    | Rate               | No | . %     | Rate               | No. | %       | Rate               | No.   | Resi dents |
| Int. Skilled Care   | 0   | 0. 0             | \$0.00             | 0    | 0. 0            | \$0.00             | 0   | 0. 0 | \$0.00             | 0  | 0. 0    | \$0.00             | 0   | 0. 0    | \$0.00             | 0     | 0. 0%      |
| Skilled Care        | ŏ   | 0. 0             | \$0. 00<br>\$0. 00 | ŏ    | 0.0             | \$0. 00<br>\$0. 00 | ŏ   | 0. 0 | \$0. 00<br>\$0. 00 | ŏ  | 0.0     | \$0. 00<br>\$0. 00 | ŏ   | 0. 0    | \$0. 00<br>\$0. 00 | ŏ     | 0. 0%      |
| Intermedi ate       |     |                  |                    | 0    | 0.0             | \$0.00             | 0   | 0.0  | \$0.00             | 0  | 0.0     | \$0.00             | 0   | 0.0     | \$0.00             | 0     | 0.0%       |
| Limited Care        |     |                  |                    | 0    | 0.0             | \$0.00             | 0   | 0.0  | \$0.00             | 0  | 0. 0    | \$0.00             | 0   | 0.0     | \$0.00             | 0     | 0.0%       |
| Personal Care       |     |                  |                    | 0    | 0.0             | \$0.00             | 0   | 0.0  | \$0.00             | 0  | 0. 0    | \$0.00             | 0   | 0.0     | \$0.00             | 0     | 0.0%       |
| Residential Care    |     |                  |                    | 0    | 0.0             | \$0.00             | 0   | 0.0  | \$0.00             | 0  | 0.0     | \$0.00             | 0   | 0.0     | \$0.00             | 0     | 0.0%       |
| Dev. Di sabl ed     |     |                  |                    | 50 1 | 00.0            | \$97. 83           | 0   | 0.0  | \$0.00             | 1  | 100.0   | \$107.88           | 0   | 0.0     | \$0.00             | 51    | 100.0%     |
| Traumatic Brain Inj | . 0 | 0.0              | \$0.00             | 0    | 0.0             | \$0.00             | 0   | 0.0  | \$0.00             | 0  | 0.0     | \$0.00             | 0   | 0.0     | \$0.00             | 0     | 0.0%       |
| Ventilator-Dependen |     | 0.0              | \$0.00             | 0    | 0.0             | \$0.00             | 0   | 0.0  | \$0.00             | 0  | 0. 0    | \$0.00             | 0   | 0.0     | \$0.00             | 0     | 0.0%       |
| Total               | 0   | 0.0              |                    | 50 1 | 00.0            |                    | 0   | 0.0  |                    | 1  | 100.0   |                    | 0   | 0.0     |                    | 51    | 100.0%     |

| ***********                    | ****  | *********             | ******        | ****          | *****              | ******                   | *****        |
|--------------------------------|-------|-----------------------|---------------|---------------|--------------------|--------------------------|--------------|
| Admi ssi ons, Di scharges, and |       | Percent Distribution  | of Residents' | Condi ti o    | ns, Services       | , and Activities as of 1 | 2/31/00      |
| Deaths During Reporting Period |       |                       |               |               |                    |                          |              |
|                                |       |                       |               |               | Needi ng           |                          | Total        |
| Percent Admissions from:       |       | Activities of         | %             | Assi          | stance of          | % Totally                | Number of    |
| Private Home/No Home Health    | 0. 0  | Daily Living (ADL)    | Independent   | One 0         | r <b>Two Staff</b> | Dependent                | Resi dents   |
| Private Home/With Home Health  | 0. 0  | Bathi ng              | 0.0           |               | 96. 1              | 3.9                      | 51           |
| Other Nursing Homes            | 66. 7 | Dressi ng             | 27. 5         |               | 68. 6              | 3. 9                     | 51           |
| Acute Care Hospitals           | 0.0   | Transferring          | 76. 5         |               | 13. 7              | 9. 8                     | 51           |
| Psych. HospMR/DD Facilities    | 0.0   | Toilet Use            | 49. 0         |               | 43. 1              | 7. 8                     | 51           |
| Reĥabilitation Hospitals       | 0. 0  | Eating                | 13. 7         |               | 80. 4              | 5. 9                     | 51           |
| Other Locations                | 33. 3 | ***************       | **********    | ******        | *******            | ********                 | ******       |
| Total Number of Admissions     | 3     | Continence            |               | %             | Special Trea       |                          | %            |
| Percent Discharges To:         |       | Indwelling Or Externa | ıl Catheter   | 0.0           | Recei vi ng        | Respiratory Care         | 5. 9         |
| Private Home/No Home Health    | 0. 0  | Occ/Freq. Incontinent | of Bladder    | 76. 5         | Recei vi ng        | Tracheostomy Care        | 0. 0         |
| Private Home/With Home Health  | 0.0   | Occ/Freq. Incontinent |               | 66. 7         |                    | Sucti oni ng Č           | 0. 0         |
| Other Nursing Homes            | 0.0   | _                     |               |               | Recei vi ng        | Ostomy Care              | 0.0          |
| Acute Care Hospitals           | 0.0   | Mobility              |               |               | Recei vi ng        | Tube  Feedi ng           | 0. 0         |
| Psych. HospMR/DD Facilities    | 0. 0  | Physically Restrained | l             | 0.0           | Recei vi ng        | Mechanically Altered Die | ts 80.4      |
| Reĥabilitation Hospitals       | 0. 0  |                       |               |               | U                  | ÿ                        |              |
| Other Locations                | 0.0   | Skin Care             |               | (             | Other Reside       | nt Characteristics       |              |
| Deaths                         | 100   | With Pressure Sores   |               | 0.0           | Have Advan         | ce Directives            | 5. 9         |
| Total Number of Discharges     |       | With Rashes           |               | <b>43</b> . 1 | Medi cati ons      |                          |              |
| (Including Deaths)             | 2     |                       |               |               | Recei vi ng        | Psychoactive Drugs       | <b>58.</b> 8 |
| *****************              | ***** | <b>.</b>              | **********    | *****         | *******            | *********                | *****        |

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

|  |          |       |         | ***    |        |  |  |
|--|----------|-------|---------|--------|--------|--|--|
|  | Thi s    |       | 'DD     | Al l   |        |  |  |
|  | Facility | Fac   | ilities | Faci   | lties  |  |  |
|  | %        | %     | Ratio   | %      | Ratio  |  |  |
|  |          |       |         |        |        |  |  |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 98. 0    | 85. 5 | 1. 15   | 84. 5  | 1. 16  |  |  |
| Current Residents from In-County                     | 78. 4    | 42. 1 | 1. 86   | 77. 5  | 1. 01  |  |  |
| Admissions from In-County, Still Residing            | 100. 0   | 19. 5 | 5. 13   | 21. 5  | 4. 65  |  |  |
| Admissions/Average Daily Census                      | 6. 0     | 16. 4 | 0. 37   | 124. 3 | 0. 05  |  |  |
| Discharges/Average Daily Census                      | 4. 0     | 19. 2 | 0. 21   | 126. 1 | 0. 03  |  |  |
| Discharges To Private Residence/Average Daily Census | 0. 0     | 9. 2  | 0. 00   | 49. 9  | 0. 00  |  |  |
| Residents Receiving Skilled Care                     | 0. 0     | 0. 0  | 0. 00   | 83. 3  | 0. 00  |  |  |
| Residents Aged 65 and Older                          | 25. 5    | 16. 2 | 1. 57   | 87. 7  | 0. 29  |  |  |
| Title 19 (Medicaid) Funded Residents                 | 98. 0    | 99. 5 | 0. 99   | 69. 0  | 1. 42  |  |  |
| Private Pay Funded Residents                         | 2. 0     | 0. 5  | 3. 88   | 22. 6  | 0. 09  |  |  |
| Developmentally Disabled Residents                   | 100. 0   | 99. 3 | 1. 01   | 7. 6   | 13. 09 |  |  |
| Mentally Ill Residents                               | 0. 0     | 0. 5  | 0. 00   | 33. 3  | 0. 00  |  |  |
| General Medical Service Residents                    | 0. 0     | 0. 2  | 0. 00   | 18. 4  | 0. 00  |  |  |
| Impaired ADL (Mean)*                                 | 37. 3    | 50. 8 | 0. 73   | 49. 4  | 0. 75  |  |  |
| Psychological Problems                               | 58. 8    | 45. 9 | 1. 28   | 50. 1  | 1. 17  |  |  |
| Nursing Care Required (Mean)*                        | 16. 2    | 11. 0 | 1. 47   | 7. 2   | 2. 26  |  |  |
| nuising care required (mean)                         | 10. 2    | 11.0  | 1. 7/   | 7. 2   | ۵. ۵0  |  |  |